004002-003348.DAC.229508 DECLARATION AND POWER OF **Attorney Docket Number** 4002-3348/PC700.00 ATTORNEY FOR PATENT APPLICATION First Named Inventor Charles L. Branch **COMPLETE IF KNOWN** Application No. □ Declaration Submitted after Filing Date ☐ Declaration submitted with Initial Filing Initial Filing (surcharge (37 CFR **Group Art Unit** 1.16(e)) required) Examiner's Name As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SYSTEMS AND TECHNIQUES FOR ILLUMINATING A SURGICAL SPACE the specification of which (check one) is attached hereto. Was filed on Aug, 1, 2003 as United States Application No. or PCT International Application No. 10/633, 285 And was amended on (if applicable). I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Foreign Filing Date Priority Not Certified Copy Prior Foreign Application Number(s)*** Country (MM/DD/YY) Attached? Claimed Yes No Ø \boxtimes I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Filing Date (MM/DD/YYYY) Application Number(s) 60/400,563 08/02/2002 Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(141800/rev. 3/20/02)

I hereby claim the ben below and, insofar as to United States application acknowledge the duty §1.56 which occurred be date of this application:	he subject on in the r to disclose tween the	ct matter of eac manner provided se material info ne filing date of t	h of tool to the contraction of	he claim ne first pa on as de ior applic	s of this aragraph fined in	applica of Title Title 37 I the n	ation 9 35, 7, Co ation	is no Unite ode o nal or	ot disc ed Sta of Fed PCT	closed in the prior ates Code, §112, l deral Regulations, international filing
U'S. Pa	irent(Ap)	Dication or PC Number	r Parc	ent.		Pa (MM/I	DD/YY	(YY)	Parent Patent Númber ((ii/applicable)
As a named inventor, I herel Patent and Trademark Office			red pra	ctitioner(s)	to prosecu	te this a	pplica	tion a	nd trans	sact all business in the
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X Additional registe hereto.	red praction	ner(s) named on su	ppleme	ntal Regist	tered Practi	oner Info	ormati	ion sh	eet PTC	D/SB/02C attached
Direct all correspondence to	: [Customer Numbe Bar Code Label	er [OR	X	Corre	esponde	ence address below
Name		Douglas A. Colli	er, Es	q.						
Firm Name		WOODARD EM	HARD	T MORIA	RTY McN	ETT &	HENF	RY LL	Р	
Address		111 Monumen	t Circ	le, Bank	One Tow	er, Su	ite 3	700		
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City		Indianapolis			State	IN			ZIP	46204
L hereby declare that all	Letatomo	USA		ohone	317/ 63			nd th	Fax	317-637-7561
on information and belie knowledge that willful fa under Section 1001 of T	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
Given Name (first	Charle	https://dag.rette/Josephia.com			Family Na	ame	TD-	anc	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
and middle, if any)	Charle	75 L.	7		or Surnai		DI	anc	LÍ	
Inventor's Signature:	Cer	l \$ 18	~	rl	Date of Signature):	Z	m	30	, 2003
Residence:	Advan	ce, North Caro	lina,	USA						
(City, State, Country)	T T C 4									
Citizenship:	USA									
Post Office Address:	177 Pla	intation Lane,	P.O. 1	Box 320)					
		ce, North Caro								

i dii fiame di additional	joint inventor, if any:	Actor at	
Given Name (first	Kevin T.	Family Name	Foley
and middle, if any)		or Surname	
		Date of	
Inventor's Signature:		Signature:	<u> </u>
Residence:	2877 Keasler Circle West, Tennes	ssee, USA	
(City, State, Country)			
Citizanahina	USA		
Citizenship:	2877 Keasler Circle West		
Post Office Address:			
	Germantown, Tennessee 38017 joint inventor, if any:		
Given Name (first		Family Name	0
and middle, if any)	Maurice M.	or Surname	Smith
and initiale, if any		Date of	
Inventor's Signature:		Signature:	
Residence:	Cordova, Tennessee, USA	1 - 9	
(City, State, Country)			
	USA		
Citizenship:			
	9285 Oak Knoll Cove		
Post Office Address:	Cordova, Tennessee 38018		
Full name of additional	joint inventor, if any:		
Given Name (first	Thomas E.	Family Name	Roehm, III
and middle, if any)		or Surname	
		Date of	
Inventor's Signature:		Signature:	
Residence:	Braden, Tennessee, USA		
(City, State, Country)			
Citizenship:	USA		
	•		
Ciuzensinp.	410 Highway 50		
<u> </u>	410 Highway 59		
Post Office Address:	Braden, Tennessee 38010		
Post Office Address:	Braden, Tennessee 38010 joint inventor, if any:	Family Now	
Post Office Address: Full name of additional Given Name (first	Braden, Tennessee 38010	Family Name	Taylor
Post Office Address:	Braden, Tennessee 38010 joint inventor, if any:	or Surname	Taylor
Post Office Address: Full name of additional Given Name (first and middle, if any)	Braden, Tennessee 38010 joint inventor, if any: Harold S.	or Surname Date of	
Post Office Address: Full name of additional Given Name (first and middle, if any) Inventor's Signature:	Braden, Tennessee 38010 joint inventor, if any: Harold S.	or Surname	Taylor July 25 2003
Post Office Address: Full name of additional Given Name (first and middle, if any) Inventor's Signature: Residence:	Braden, Tennessee 38010 joint inventor, if any: Harold S.	or Surname Date of	
Post Office Address: Full name of additional Given Name (first and middle, if any) Inventor's Signature:	Braden, Tennessee 38010 joint inventor, if any: Harold S. Memphis, Tennessee, USA	or Surname Date of	
Post Office Address: Full name of additional Given Name (first and middle, if any) Inventor's Signature: Residence:	Braden, Tennessee 38010 joint inventor, if any: Harold S.	or Surname Date of	
Post Office Address: Full name of additional Given Name (first and middle, if any) Inventor's Signature: Residence: (City, State, Country)	Braden, Tennessee 38010 joint inventor, if any: Harold S. Memphis, Tennessee, USA	or Surname Date of	



DECLARATION

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John V. Daniluck	40,581		
Christopher A. Brown	41,642		
Arthur J. Usher IV	41,359		
Douglas A. Collier	43,556	·	
Brad A. Schepers	45,431		
Scott J. Stevens	29,446		
James B. Myers, Jr.	42,021		
John M. Bradshaw	46,573		
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David E. Novak	50,752		
Edward E. Sowers	36,015		
Quentin G. Cantrell	47,469		
John L. Roberts	50,453		
Denise M. Gosnell	51,748		
John J. Emanuele	51,653		

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FOR PATENT APP		First Named Inventor	Charle	es L. Brand	ch			
		СОМ	PLETE IF KN	юми				
	☑ Declaration	Application No.		10/633,2	85			
☐ Declaration submitted with	Submitted after Initial Filing	Filing Date		10/633,2 Aug. 1,	2053			
Initial Filing	(surcharge (37 CFR	Group Art Unit						
		Examiner's Name	iner's Name					
My residence, post office addres I believe I am the original, first joint inventor (if plural names are is sought on the invention entitle SYSTEMS AND TECHNIQUES the specification of which (check one) I is attached hereto. Was filed on Ave, I PCT International Application And was amended on I hereby state that I have revincluding the claims, as amended I acknowledge the duty to disc accordance with Title 37, Code of the country other than the I checking the box, any foreign application on which priority is claimed Prior Foreign Application Number(s)	As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SYSTEMS AND TECHNIQUES FOR ILLUMINATING A SURGICAL SPACE the specification of which (check one) Was filed on Aug., 1, 2003 as United States Application No. or PCT International Application No							
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I hereby claim the benefit under 35 U.S.C. 119(e)	of any United States provisional a	innlication(s) listed below			⊠			
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I hereby claim the ben below and, insofar as to United States application acknowledge the duty §1.56 which occurred be date of this application:	he subje on in the r to disclos	ct matter of eac manner provided se material info	h of the cla d by the firs rmation as	aim t pa de	s of this aragraph fined in	applica of Title Title 37 od the na	tion is no 35, Unite , Code of ational or	ot disc ed Sta of Fed PCT	closed in the prior tes Code, §112, I leral Regulations, international filing
		olication or PC Number					rent Filin MM/DD/Y		Parent Patent Number (if applicable)
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Name		Douglas A. Colli	ier, Esq.						
Firm Name	<u></u>	WOODARD EM	HARDT MO	RIA	RTY Mc	NETT &H	IENRY LL	.P	
Address		111 Monumen	t Circle, Ba	ınk	One To	wer, Sui	te 3700		
Address									
City		Indianapolis			State	IN		ZIP	46204
Country		USA	Telephone			34-3456		Fax	317-637-7561
I hereby declare that all on information and belie knowledge that willful fa under Section 1001 of T the validity of the application.	of are beli Ise state Title 18 of ation or a	eved to be true; ments and the lil the United State any patent issued	and furthe ke so made es Code ar	r th e ar	at these e punish hat such	statemenable by willful f	ents were fine or in alse state	e madempriso	e with the nment, or both, s may jeopardize
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and middle, if any)				+	Date of				
Inventor's Signature:					Signatu	re:			
Residence:	Advan	ce, North Caro	lina USA			.	<u> </u>		
(City, State, Country)	1.00,011	,	,						
	USA								
Citizenship:									
Post Office	177 Pla	antation Lane,	P.O. Box	320)				
Address:	Advan	ce, North Caro	lina 27006	5					
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Full name of additional	joint inventor, if any:	And the second of the second o	The state of the s
Given Name (first	Kevin T.	Family Name	Foley
and middle, if any)		or Surname	<u> </u>
		Date of	7/28/03
Inventor's Signature:	Kley	Signature:	1/20/03
Residence:	2877 Keasler Circle West, Tennesse	ee, USA	
(City, State, Country)			
Citimomobino	USA C		
Citizenship:	2877 Keasler Circle West		
Post Office Address:			
	Germantown, Tennessee 38017		
Full name of additional	1	:	
Given Name (first	Maurice M.	Family Name or Surname	Smith
and middle, if any)		Date of	
Inventor's Signature:		Signature:	
Residence:	Cordova, Tennessee, USA	oignature.	
(City, State, Country)	Coldova, Tellilessee, USA		
(Groy, Grand, Goldmay)	USA		
Citizenship:			
	9285 Oak Knoll Cove		1
Post Office Address:	Cordova, Tennessee 38018		
Full name of additional	1	il a distribution	
Given Name (first	Thomas E.	Family Name	Roehm, III
and middle, if any)		or Surname	,
	11(1)	Date of	1/15/12
Inventor's Signature:	himber well as	Signature:	(100)
Residence:	Braden, Tennessee, USA		
(City, State, Country)			
	USA	•	
Citizenship:	11077		
Dook Office Address:	410 Highway 59		
Post Office Address:	Braden, Tennessee 38010		agen of the state
Full name of additional		T	
Given Name (first	Harold S.	Family Name	Taylor
and middle, if any)		or Surname	
Incombania Ci	711	Date of	T 1. 20
Inventor's Signature:	7022	Signature:	July 25 2003
Residence: (City, State, Country)	Memphis, Tennessee, USA		
(Oity, State, Country)	USA		
Citizenship:	USA		
- Controllip.	689 East Drive		
l			
Post Office Address:	Memphis, Tennessee 38112		



DECLARATION

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C. David Emhardt	18,483	David A. Warmbold	30,897
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John L. Roberts	50,453		
Denise M. Gosnell	51,748		
John J. Emanuele	51,653		

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DECLARATION	AND I	POWER OF	Attorney Docket N	lumber	4002-	3348/PC700.00			
FOR PATENT			First Named Inver	ntor	Charl	es L. Branch			
				COMPLETE IF K			NOWN		
		□ Declaration	Application No.			10/633,285			
Declaration submitted		Submitted after nitial Filing	Filing Date	Filing Date		8/1/2003			
tial Filing	k	surcharge (37 Cl I.16(e)) required)	Group Art Unit			3739			
			Examiner's Name	•					
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I hereby claim foreign prices polication(s) for patent or it east one country other the checking the box, any fore application on which priority Prior Foreign Application N	inventor nan the ign appli y is clain	s certificate, or 36 United States of ication for patent ned:	America, listed beloor inventor's certificat	ow and te having	have a g a filin	also identified b g date before the	elow, nat of t		
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I hereby claim the benefit under 35 L Application Number(s)	J.S.C. 119(e	e) of any United States protect (MM/DD/YYYY)	ovisional application(s) listed b	elow.		 	×		

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations. §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application: U.S. Parent Application or PCT Parent Parent Filing Date Parent Patent Number: (MM/DD/YYYY) Number (if applicable) As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Place Customer **Customer Number** Number Bar Code Label Here OR Х Registered practioner(s) name/registration number listed below. Registration Number Name Name **Registration Number** Additional registered practioner(s) named on supplemental Registered Practioner Information sheet PTO/SB/02C attached Х Х Direct all correspondence to: OR Customer Number Correspondence address below Bar Code Label Name Douglas A. Collier, Esq. Firm Name WOODARD EMHARDT MORIARTY McNETT &HENRY LLP Address 111 Monument Circle, Bank One Tower, Suite 3700 Address City Indianapolis State IN ZIP 46204 Country USA Telephone 317/634-3456 Fax 317-637-7561 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Full name of sole or first inventor: **Given Name (first Family Name** Charles L. Branch or Surname and middle, if any) Date of Signature: Inventor's Signature: Residence: Advance, North Carolina, USA (City, State, Country) **USA** Citizenship: Post Office 177 Plantation Lane, P.O. Box 320 Address: Advance, North Carolina 27006

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<u>, a la campa a la matalagi</u>	joint inventor, if any:		
Given Name (first	Kevin T.	Family Name	Foley
and middle, if any)		or Surname	
Inventaria Ciamatuma		Date of	
Inventor's Signature: Residence:	0077 1 0' 1 11 11 17	Signature:	
(City, State, Country)	2877 Keasler Circle West, Tennesse	e, USA	
(City, State, Country)	USA		
Citizenship:	USA		
	2877 Keasler Circle West		
Post Office Address:	Germantown, Tennessee 38017		
Full name of additional	I		
Given Name (first	Maurice M.	Family Name	Smith
and middle, if any)		or Surname	Sinti
	11. 110	Date of	
Inventor's Signature:	Million Middle	Signature:	3-22-04
Residence:	Cordova, Tennessee, USA		
(City, State, Country)			
	USA		
Citizenship:			
De sa Office Address	9285 Oak Knoll Cove		
Post Office Address:	Cordova, Tennessee 38018	William Carrie Statement Town Schemat.	A Shinter I a Village train a Commission of April 16 agreement and the Commission of April 16 agreement and Ap
Full name of additional			
Given Name (first	Thomas E.	Family Name	Roehm, III
and middle, if any)		or Surname Date of	
I		Signature:	
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Inventor's Signature:	Prodon Tonnossoo IISA	Oigilature.	
Residence:	Braden, Tennessee, USA	Oignature.	
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Residence: (City, State, Country) Citizenship:	USA 410 Highway 59 Braden, Tennessee 38010		
Residence: (City, State, Country) Citizenship: Post Office Address:	USA 410 Highway 59 Braden, Tennessee 38010	Family Name	Taylor
Residence: (City, State, Country) Citizenship: Post Office Address: Full name of additional	USA 410 Highway 59 Braden, Tennessee 38010 joint inventor, if any:		and the state of t
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Residence: (City, State, Country) Citizenship: Post Office Address: Full name of additional Given Name (first and middle, if any) Inventor's Signature:	USA 410 Highway 59 Braden, Tennessee 38010 joint inventor, if any:	Family Name or Surname Date of	ent e distriction de la constant de
Residence: (City, State, Country) Citizenship: Post Office Address: Full name of additional Given Name (first and middle, if any) Inventor's Signature: Residence:	USA 410 Highway 59 Braden, Tennessee 38010 joint inventor, if any: Harold S.	Family Name or Surname Date of	and the state of t
Residence: (City, State, Country) Citizenship: Post Office Address: Full name of additional Given Name (first and middle, if any) Inventor's Signature: Residence:	USA 410 Highway 59 Braden, Tennessee 38010 joint inventor, if any: Harold S. Memphis, Tennessee, USA	Family Name or Surname Date of	and the state of t
Residence: (City, State, Country) Citizenship: Post Office Address: Full name of additional Given Name (first and middle, if any) Inventor's Signature: Residence: (City, State, Country)	USA 410 Highway 59 Braden, Tennessee 38010 joint inventor, if any: Harold S. Memphis, Tennessee, USA	Family Name or Surname Date of	and the state of t



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